

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/088975	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							51	
2							52	
3							53	
4							54	
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45							95	
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47							97	
48							98	
49							99	
50							100	
TOTAL IND.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS	12						TOTAL CLAIMS	

PTO-1350 (3-78)

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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